

www.mass.gov/abcc

LICENSE NUMBER: 068000002	•	CITY OR TOWN MEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TRUSTEES OF	TUFTS COLLEGE	
DOING BUSINESS A		
ADDRESS FLETCHER WAY		
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155
MANAGER: MCCARTHY, MICHAEL	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREI	MISES:	
MUGAR, CABOT BLDG., ENTER A	ND EXIT FLETCHER V	VAY AND PACKARD AVE.
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the s	ame premises now licensed;
2. the licensee has complied w	vith all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open	for business (If not explai	n below)
SIGNED BY Individual, Part	ner or Authorized Corpor	ate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		
		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 068000005		CI	TY OR TOW	N MEDFORI)
APPLICATION FO	R RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 374 MA	A BOCCELLI RES		TRICALA	CORPORAT	ION	
CITY/TOWN: ME	DFORD	STATE:	MA	ZIP CODE:	01255	
	TRICALA, TY	PE OF LICEN	SE:Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI		YOUR EMAIL	ADDRESS		
2. the licens	swear under penaltie wed license will be of see has complied with ises are now open for Individual, Partne	the same type hall laws of the business (If no	for the same e Commony ot explain b	wealth relating		
DATE:		NE NUMBER:	Corporate	EMPLOY	ER IDENTIFICAT Individual Social S	
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate o	spector and th	ne head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)			OCAL LICE By:	NSING AUTHO	ORITY
DATE:			_			



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LICENSE NUMBE	ER: 068000006		CITY OR TOWN	MEDFORD)
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		7	YEAR
LICENSEE NAME	E: MEDFORD CIRC	LE INC. THE			
DOING BUSINES	S A				
ADDRESS 520 MA	AIN ST.				
CITY/TOWN: MI	EDFORD	STATE: M	A ZIP CODE:	02155	
MANAGER: SEI	RIO, JOSEPH TY	PE OF LICENSE:	Club C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
	F LICENSED PREMI				
FIRST FLOOR ME ENTRANCE ON 5		FERENCE ROON	I, RESTROOMS, WIT	TH MAIN	
I hereby certify and	l swear under penalties	s of perjury that:			
1. the rene	wed license will be of	the same type for	the same premises now	licensed;	
	-		mmonwealth relating	to taxes; and	
3. the pren	nises are now open for	business (If not ex	xplain below)		
SIGNED BY	Individual, Partner	or Authorized Co	rnorate Officer		
	marviduai, i artiici	of Authorized Co	rporate Officer		
DATE:	TEI EDUON	IE NUMBER:	EMPLOYE	R IDENTIFICATI	ON NUMBER:
	TELETHON	E NUMBER.		dividual Social Se	
			the certificate require ead of the fire depart		
			isurance required by		
of 2010.					
Please Check Below:	_		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	21. ()				
(If disapproved exp	nam)				
DATE:					
DATE.			-		



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LICENSE NUMBER: 06800000)7	CITY OR TOWN MEDFO	RD
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TAI HEN	I INC.		
DOING BUSINESS A TIKI IS	LAND RESTAURANT		
ADDRESS 269 MIDDLESEX	AVE.		
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: LEUNG, BENF	TYPE OF LICENSE:R	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
TWO DING ROOMS AND 2 S ENTRANCE FACING MIDDL		AND STORAGE ROOMS. MA REAR.	IN
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
•	•	nmonwealth relating to taxes; and	d
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY Individue	al, Partner or Authorized Cor	norate Officer	
That vidae	ii, i utilier of ridiiofized Cor	portite Officer	
DATE:	LEPHONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
1 L	LEFTIONE NUMBER.	(Note: NOT Individual Socia	
TT (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 4101 4 1 1 1 1	4 204 641
		the certificate required by Cha ad of the fire department for tl	
		surance required by Chapter 1	
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	\$ 16A)



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LICENSE NUMBER: 068000008	(CITY OR TOWN MEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MEDFORD POS DOING BUSINESS A	T #1012 VETS.OF FOR	REIGN WARS INC.
ADDRESS 114 MYSTIC AVE.		
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155
MANAGER: MOULTON, GEORGE E.	YPE OF LICENSE: Veter	rans club CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREM CANTEEN AREA AND FUNCTION I I hereby certify and swear under penalti 1. the renewed license will be of 2. the licensee has complied wi 3. the premises are now open for	HALL. es of perjury that: of the same type for the sa ith all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY		



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LICENSE NUMBEI	R: 068000011		CIT	TY OR TOW	N MEDFORI)
APPLICATION FO	R RENEWAL:	Annua	ıl	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 340 SAI		SSIONAL FI	REFIGHT	ERS ASSN. 1	INC.	
CITY/TOWN: ME		STATE:	MA	ZID CODE:	02155	
				ZIP CODE:	02155	
EMAIL ADDRESS:	KINS, ROBERT TYPE PLEASE ALSO VISIT OUR WEB LICENSED PREMISE	SITE AND ENTER			CATEGORY:	All Alcohol
MEMBERS QUART	TERS, MEETING HAI	LL, WITH M	AIN ENTI	RANCE AT 3	340 SALEM ST	•
2. the licens	red license will be of the ee has complied with a ses are now open for b	ll laws of the	Commony	wealth relating		
SIGNED BY	Individual, Partner of	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are ind d by the building insp (2) the certificate of li	ector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)			OCAL LICE	NSING AUTH	ORITY
DATE:			_			
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING	- THE MONTI	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	5A)



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	IBEK: 068000013		CITY OR TOWN MIE	DI GILD
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: RIVERSIDE	YACHT CLUB INC.		
DOING BUSIN	JESS A			
ADDRESS 52 S	SHIP AVE.			
CITY/TOWN:	MEDFORD	STATE: M	IA ZIP CODE: 02	155
MANAGER:	PALADINO, FRANK	TYPE OF LICENSE	Club CATE	GORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
ONE ROOM C	LUBHOUSE WITH	MAIN ENTRANCE O	ON SHIP AVE.	
I hereby certify	and swear under pena	alties of perjury that:		
1. the re	enewed license will b	e of the same type for	the same premises now licer	nsed;
2. the li	icensee has complied	with all laws of the Co	ommonwealth relating to tax	es; and
3. the p	premises are now open	n for business (If not e	xplain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer	
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer	
SIGNED BY DATE:		rtner or Authorized Co	EMPLOYER IDE	NTIFICATION NUMBER: al Social Security Number)
DATE: We the unders Acts of 2004, s	TELEPI signed, attest that we signed by the buildin	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDE	al Social Security Number) y Chapter 304 of the for the above
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: NOT Individual) the certificate required by the department	y Chapter 304 of the for the above pter 116 of the Acts
DATE: We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED:	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: <u>NOT</u> Individual) the certificate required by nead of the fire department insurance required by Chap	y Chapter 304 of the for the above pter 116 of the Acts
DATE: We the underst Acts of 2004, st named license of 2010. Please Check Below APPROVED: DISAPPROVED:	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: NOT Individual) the certificate required by the department insurance required by Chap	y Chapter 304 of the for the above pter 116 of the Acts
DATE: We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED:	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: NOT Individual) the certificate required by the department insurance required by Chap	y Chapter 304 of the for the above pter 116 of the Acts
DATE: We the underst Acts of 2004, st named license of 2010. Please Check Below APPROVED: DISAPPROVED:	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: NOT Individual) the certificate required by the department insurance required by Chap	y Chapter 304 of the for the above pter 116 of the Acts
DATE: We the underst Acts of 2004, st named license of 2010. Please Check Below APPROVED: DISAPPROVED:	TELEPI signed, attest that we signed by the buildin and (2) the certifica	HONE NUMBER: e are in possession (1) ng inspector and the h	EMPLOYER IDEN (Note: NOT Individual) the certificate required by the department insurance required by Chap	y Chapter 304 of the for the above pter 116 of the Acts



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LICENSE NU	MBER: 068000014	C	ITY OR TOWN MEDFOR	D
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: MEDFORD P	OST #45 AMER.LEG.		
DOING BUSI	NESS A			
ADDRESS 32	1 WINTHROP ST.			
CITY/TOWN:	: MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER:	BONNER, DONALD	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
	N OF LICENSED PR			
	' BRICK BLDG. 85 X R HAS FOUR ENTR <i>A</i>		EE ENTRANCES AND EXI	TS.
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the same	me premises now licensed;	
2. the	licensee has complied	with all laws of the Common	nwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not explain	below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corporat	e Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
			(Note: <u>NOT</u> Individual Social S	Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the head of	ertificate required by Chapt f the fire department for the nce required by Chapter 110	e above
Please Check Bel			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiaiii)			
DATE:				



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LICENSE NUM	BER: 068000015		C	ITY OR TOW	N MEDFORI)
APPLICATION	FOR RENEWAL:	Annua	ા	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAI	ME: MEDFORD I	LODGE #915, BENE	EVOLEN	T & PROTEC	ΓIVE ORDER	
DOING BUSIN	ESS A OF ELKS, I	NC.				
ADDRESS 19 V	VASHINGTON ST.					
CITY/TOWN:	MEDFORD	STATE:	MA	ZIP CODE:	02155	
MANAGER:	Meagher, John C	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		_
DESCRIPTION	OF LICENSED PR	EMISES:				
ELKS HOME W	/ITH COMPLETE	FACILITIES, KITC	HEN, LO	DGE ROOM &	& FUNCTION	ROOM.
I hereby certify a	and swear under per	nalties of perjury that	:			
1. the re	enewed license will	be of the same type f	or the sar	ne premises no	w licensed;	
2. the lie	censee has complied	d with all laws of the	Commor	nwealth relating	g to taxes; and	
3. the pr	remises are now ope	en for business (If no	t explain	below)		
SIGNED BY						
	Individual, Pa	artner or Authorized	Corporat	e Officer		
DATE:	TELEP	PHONE NUMBER:		EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT)	Individual Social S	Security Number)
**** 41 1 1			(4) (1	1 • C• 1	. 11 61 4	204 641
		ve are in possession ng inspector and th				
		ate of liquor liabilit				
of 2010.						
Please Check Below	<u>r:</u>]	LOCAL LICEN	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVEI						
(If disapproved e	explain)					
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILE	D BY LICENSEES DURING	THE MONT	TH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 068000016		CITY OR T	OWN	MEDFORE)
APPLICATION FOR	R RENEWAL:	Annua	ıl I	LICENS	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	CONTAN DISC	COUNT LIQUOR	S, INC.			
DOING BUSINESS	A UNIVERSITY	WINE & SPIRIT	rs .			
ADDRESS 323 A B	OSTON AVENU	Е				
CITY/TOWN: MEI	DFORD	STATE:	MA ZIP COI	DE:	02155	
MANAGER: DEV TERM	LIN, TENCE J.	ΓΥΡΕ OF LICENS	SE:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PRE	MISES:				
ONE ROOM FOR S. BACK ROOM FOR			AR FOR STORAGI	E. SAL	ES ROOM 3	2 X 35
	_	vith all laws of the for business (If no	Commonwealth rel t explain below)	ating to	taxes; and	
	Individual, Part	ner or Authorized	Corporate Officer			
DATE:	TELEPH	ONE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LI	ICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 068000019		CITY OR TOWN	MEDFORD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: GILES MARI	KET, INC.		
DOING BUSIN	ESS A			
ADDRESS 630	HIGH STREET			
CITY/TOWN:	MEDFORD	STATE: MA	ZIP CODE:	02155
	GALVIN, ANN MARIE	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u></u>
DESCRIPTION	OF LICENSED PR	EMISES:		
	ON FIRST FLOOR, ONE ENTRANCE.	STORE 37 X 38. STOR	AGE AREA 1095 SQ). FT. WITH CELLAR
	_	with all laws of the Con n for business (If not exp	=	o taxes; and
	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below APPROVED: [DISAPPROVE] (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 068000020		CITY OR TOW	N MEDFORE)
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20)13
		CLASS			YEAR
DOING BUSINESS	A	T LIQUORS WEST MI	EDFORD, INC.		
ADDRESS 438 HIGH	H ST				
CITY/TOWN: MEI	DFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: ENG	, MARCELLA T	YPE OF LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
		G AND STORAGE AN XITS, ONE IN FRONT			₹
2. the license	ee has complied wi	of the same type for the th all laws of the Commor business (If not explain the commor or business (If not explain the commor or Authorized Corporation).	nonwealth relating		
	individual, i di in	er of Figure 11200 Corpo			
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	NSING AUTHO	ORITY
(If disapproved expla DATE:	iii <i>)</i>				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0680	00021	CITY	OR TOWN MEDICAL	J
APPLICATION FOR REN	EWAL: Ar	nnual	LICENSED FOR 20	013
	CI	LASS		YEAR
LICENSEE NAME: NN I DOING BUSINESS A MA ADDRESS 395 MAIN STR	IN STREET LIQUORS			
CITY/TOWN: MEDFORI	STATE	E: MA ZI	P CODE: 02155	
MANAGER: DEVI,NIRM	ILA TYPE OF LICI	ENSE:Package S	tore CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND EN SED PREMISES:	TER YOUR EMAIL ADD	RESS	
2. the licensee has a 3. the premises are SIGNED BY	nder penalties of perjury nse will be of the same ty complied with all laws of now open for business (I	pe for the same p the Commonwea f not explain belo	alth relating to taxes; and ow)	
DATE:	TELEPHONE NUMBE		EMPLOYER IDENTIFICAT Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	CAL LICENSING AUTH	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	68000023		CITY OR TO	WN MEDIUR	D
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A					
ADDRESS 156 MYSTI	IC AVE				
CITY/TOWN: MEDFO	ORD	STATE: MA	ZIP COD	E: 02155	
MANAGER: FINE, J	EFFREY A. TY	PE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC IN ONE STORE, ON O FRONT ROOM FOR S FOR STOCK, WITH T	CENSED PREMI ONE FLOOR COI ELLING WITH (NSISTING OF TWO	ROOMS, DIV		
3. the premises SIGNED BY	are now open for	all laws of the Combustiness (If not exp	lain below)	ting to taxes; and	
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 068000024		CITY OR TOWN	MEDFORE)	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS		R, INC.				
ADDRESS 10 REVE	RE BEACH PKWY	r				
CITY/TOWN: MED	FORD	STATE: MA	ZIP CODE:	02155		
MANAGER: MOO	RE, BRIAN TYI	PE OF LICENSE: Pa	ackage Store Ca	ATEGORY:	All Alcohol	
EMAIL ADDRESS:		-				
Ī	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMIS	SES:				
IN ONE STORE WIT						
I hereby certify and sy	wear under penalties	of perjury that:				
1. the renewe	ed license will be of	the same type for th	e same premises now	licensed;		
2. the license	e has complied with	all laws of the Com	nmonwealth relating to	taxes; and		
3. the premis	es are now open for	business (If not exp	lain below)			
SIGNED BY			OSS			
	Individual, Partner	or Authorized Corp	orate Officer			
DATE:			EMPLOYED		MONING OPEN	
DATE.	TELEPHON	E NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)	
			, <u>—</u>		,	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	in)					
(ii disappioved expia	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068000025	CIT	Y OR TOWN	MEDFORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ALEXANDER LIQUOR	S, INC.		
DOING BUSINESS A			
ADDRESS 457 SALEM STREET			
CITY/TOWN: MEDFORD ST	TATE: MA	ZIP CODE:	02155
MANAGER: ALEXANDER TYPE OF KUSHNIRSKY	LICENSE:Package	Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMAIL AI	DDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ONE ROOM FIRST FLOOR, FRONT ENTRA DELIVERIES, REAR ROOM FOR STOCK, LO			
2. the licensee has complied with all law3. the premises are now open for busines		_	taxes; and
SIGNED BY Individual, Partner or Au	thorized Corporate (Officer	
DATE: TELEPHONE NUI	MBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By		ING AUTHORITY
DATE:	_		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068000026		CITY OR TOWN	MEDFORE)
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: SNDP CORP				
DOING BUSINESS A ANTHONY'S L	LIQUOR MART			
ADDRESS 269 SPRING ST				
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: PATEL, NITESH K. TY	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		•
DESCRIPTION OF LICENSED PREM	IISES:			
IN MAIN SALES FLOOR 30 X 40 FIR STOCK. FRONT ENTRANCE AND R			PPER LEVE	L FOR
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	of the same type for the	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expla	in below)		
SIGNED BY				
Individual, Partn	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068000027		CITY OR TOWN MEDITORI	J
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: RMT Liquo	rs LLC		
DOING BUSINESS A Medford V	Vine & Spirits		
ADDRESS 45 SALEM ST.			
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: Tran, Robert	TYPE OF LICENSE:P	ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED P	REMISES:		
45 SALEM ST. APPROX. 1400 S STORAGE) ONE ROOM FOR RE		RETAIL SALES - 700 SQ. FEET	FOR
3. the premises are now op			
,			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Please Check Below: APPROVED:		LOCAL LICENSING AUTH By:	ORITY
DISAPPROVED:		۵,۰	
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 00	58000028		C.	ITY OR TO	NN MEDI	ORD	
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENSED FO	R 2013	
		CLAS	SS			YE	EAR
LICENSEE NAME: T	HE 1359 ASSOC	IATES, INC.					
DOING BUSINESS A	MEDFORD SON	S OF ITALY					
ADDRESS 42 ALFRED	STREET						
CITY/TOWN: MEDFO	ORD	STATE:	MA	ZIP CODE	i: 02155	5	
MANAGER: CAMPO GUY	OBASSO, TYF	PE OF LICEN	SE:Club		CATEGO	RY: A	ll Alcohol
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAII	ADDRESS			
DESCRIPTION OF LIC							
FIRST FLOOR, MEETI FLOOR, CONFERENC						BASEM	ENT
I hereby certify and swea	ar under penalties	of perjury tha	t:				
1. the renewed	license will be of	the same type	for the sai	me premises	now licensed	1;	
2. the licensee h	nas complied with	all laws of the	Commor	wealth relati	ng to taxes;	and	
3. the premises	are now open for	business (If no	ot explain	below)			
SIGNED BY							
Iı	ndividual, Partner	or Authorized	l Corporat	e Officer			
DATE:	TELEPHON	E NUMBER:			YER IDENTIF		
				(Note: NO		ocial Secu	rity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and th	ne head of	the fire dep	artment for	r the ab	ove
Please Check Below:]	LOCAL LIC	ENSING AU	JTHOR	ITY
APPROVED:				Ву:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUMBER: 068000030		CITY OR TOWN MED	FORD
APPLICATION FOR RENEWAL	: Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: ASIA PALA	ACE INC.		
DOING BUSINESS A ASIA PAL	ACE		
ADDRESS 442 SALEM STREET			
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 0215	5
MANAGER: LIN, SARA	TYPE OF LICENSE: Res	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
3300 SQ FT INCLUDING 2 DINI	NG AREAS AND KITCHE	N. BASEMENT 250 SEA	TS IN ALL.
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license will	l be of the same type for the	same premises now license	d;
2. the licensee has complied	ed with all laws of the Comr	nonwealth relating to taxes;	and
3. the premises are now or	en for business (If not expla	ain below)	
SIGNED BY			
Individual, l	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
		(Note: NOT Individual S	ocial Security Number)
337. 4b	(1) 41-		St 4 204 - 641
We the undersigned, attest that Acts of 2004, signed by the build			
named license and (2) the certific			
of 2010.			
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUMBER: 068000031		CITY OR TOWN MEDFO	RD
APPLICATION FOR RENEWAL: Annual		LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BERTUCCI'S RES DOING BUSINESS A BERTUCCI'S BR		RANTE	
ADDRESS 4054 MYSTIC VALLEY PK	WY.		
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: Najar, Marlena D TYI	PE OF LICENSE:Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMISONE STORY BLDG. W/BASEMENT FO	SES:	MAIL ADDRESS	_ _ _
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the all laws of the Com	monwealth relating to taxes; an	d
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	d of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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LICENSE NUMBER: 068000032	•	CITY OR TOWN MEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SEOUL KOREA	N RESTAURANT, INC	
DOING BUSINESS A CHUNG KI W	A BBQ	
ADDRESS 27 RIVERSIDE AVE		
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE: 02155
MANAGER: KIM, EDWARD T YEOUNG	YPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM		
ALL ON ONE LEVEL WITH TWO E EXITS AT REAR OF PREMISES.	NTRANCES AND EXIT	ΓS ON RIVERSIDE AVE AND TWO
3. the premises are now open f SIGNED BY Individual, Partr	or business (If not explain	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
15551110		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 068000035		CITY	OR TOWN	MEDFORI	J
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MOULTON SEAF	OOD,INC.				
DOING BUSINESS	A MOULTON'S-SE	AFOOD RESTAU	RANT			
ADDRESS 178 WIN	NTHROP STREET					
CITY/TOWN: ME	DFORD	STATE: MA	ZII	P CODE:	02155	
	ZEMCHAK, E. TYF RAINE	PE OF LICENSE: R	estaurant	(CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WI LICENSED PREMIS		EMAIL ADDR	RESS		
 the renew the licens 	swear under penalties yed license will be of see has complied with ses are now open for	the same type for the all laws of the Com	monweal	th relating		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Off	ficer		
DATE:	TELEPHON	E NUMBER:	1)		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	d of the	fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOC. By:	AL LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUM	BER: 068000036		CITY OR TOWN MEDFOR	D
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	ESS A BISTRO 5	ANA CORPORATION		
CITY/TOWN:		STATE: MA	ZIP CODE: 02155	
MANAGER: (TYPE OF LICENSE: Rest		Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED P			
		TING RESTRAUNT,RE-AI NEW DINIDG ROOM.	RRANGE KITCHEN, ADD SE	ERVICE
I hereby certify a	and swear under pe	nalties of perjury that:		
1. the re	newed license will	be of the same type for the s	same premises now licensed;	
2. the lie	censee has complie	ed with all laws of the Comm	onwealth relating to taxes; and	
3. the pr	remises are now op	en for business (If not explain	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, si	gned by the build	ing inspector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Below	<u>:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 068000039		CITY OR TO	IWN MEDFORI	J
APPLICATION FO	OR RENEWAL:	Annual	L	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 566 HIG	S A LION LIQU	SCOUNT LIQUORS IN ORS	С		
CITY/TOWN: ME	EDFORD	STATE: MA	ZIP COD	E: 02149	
	VLIN, RENCE J.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF STREET FLOOR F	LICENSED PR	DUR WEBSITE AND ENTER YOUR EMISES: LLAR FOR STORAGE	EMAIL ADDRESS		
 the renev the licen 	wed license will be see has complied a see are now ope	alties of perjury that: be of the same type for the with all laws of the Corn n for business (If not exp	nmonwealth rela		
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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	CITY OR TOWN MEDFORI	D
Annual	LICENSED FOR 2	013
CLASS		YEAR
SES,INC.		
AURANT		
STATE: MA	ZIP CODE: 02155	
F LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
E AND ENTER YOUR EM	MAIL ADDRESS	_
•		
• •	•	
	•	
ness (If not expla	ain below)	
Authorized Corpc	orate Officer	
IIMRFR:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
OWIDEK.	(Note: NOT Individual Social S	Security Number)
		204 - 641 -
	-	
	LOCAL LICENSING AUTH	ORITY
	By:	
	-	
	7	
SEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)
	CLASS SES,INC. AURANT STATE: MA OF LICENSE: Res Designer type for the laws of the Communess (If not explainess (If not explainess (If not explainess) (If not explaine	Annual CLASS SES,INC. AURANT STATE: MA ZIP CODE: 02155 OF LICENSE: Restaurant CATEGORY: EAND ENTER YOUR EMAIL ADDRESS Derjury that: Same type for the same premises now licensed; laws of the Commonwealth relating to taxes; and liness (If not explain below) Authorized Corporate Officer UMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Story and the head of the fire department for the nor liability insurance required by Chapter 116 LOCAL LICENSING AUTH



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 068000046		CITY OR TOWN	MEDFORI)
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 417 SA	S A LANTANA CAF	E			
CITY/TOWN: MI		STATE: MA	ZIP CODE:	02155	
					W. 1
MANAGER: NO	UFAL, AYMAN TYI	'E OF LICENSE: Re	staurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
2. the licen	wed license will be of usee has complied with hises are now open for Individual, Partner	all laws of the Com	monwealth relating t ain below)		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, sign	ed, attest that we are ed by the building ins I (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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APPLICATION FOR RENEWAL: CLASS YEAR LICENSEE NAME: NEW OASIS BRASILIAN RESTAURANT, INC DOING BUSINESS A NEW OASIS BRASILIAN REST ADDRESS 373 MAIN ST CITY/TOWN: MEDFORD STATE: MA ZIP CODE: 02155 MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc EMAIL ADDRESS:	ohol
LICENSEE NAME: NEW OASIS BRASILIAN RESTAURANT, INC DOING BUSINESS A NEW OASIS BRASILIAN REST ADDRESS 373 MAIN ST CITY/TOWN: MEDFORD STATE: MA ZIP CODE: 02155 MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc	ohol
DOING BUSINESS A NEW OASIS BRASILIAN REST ADDRESS 373 MAIN ST CITY/TOWN: MEDFORD STATE: MA ZIP CODE: 02155 MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc	cohol
ADDRESS 373 MAIN ST CITY/TOWN: MEDFORD STATE: MA ZIP CODE: 02155 MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc	ohol
CITY/TOWN: MEDFORD STATE: MA ZIP CODE: 02155 MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc	ohol
MANAGER: SILVA, JORGE TYPE OF LICENSE: Restaurant CATEGORY: All Alc	ohol
·	cohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
STEAK HOUSE WITH 149 SEATING CAPACITY. BAR, HANDICAP ACCESS, 8 BAR STOOLS	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY Individual, Partner or Authorized Corporate Officer	
individual, Partner of Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM	MBER:
(Note: NOT Individual Social Security Nu	
	0.41
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 o Acts of 2004, signed by the building inspector and the head of the fire department for the above	1 the
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the	Acts
of 2010.	
Please Check Below: LOCAL LICENSING AUTHORITY	
APPROVED: By:	
DISAPPROVED: (If disapproved explain)	
(ii disapproved explain)	
	_
DATE:	



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LICENSE NUMBER	R: 068000050		CITY OR TOWN MEDFO	RD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	LIANG'S, INC.			
DOING BUSINESS	A ASIAN TASTE			
ADDRESS 207 MII	DDLESEX AVENUI	Е		
CITY/TOWN: ME	DFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: LIAN	NG, YINLING TY	PE OF LICENSE: Re	estaurant CATEGOR'	Y: Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF		VEBSITE AND ENTER YOUR E ISES:	MAIL ADDRESS	
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	ved license will be of	f the same type for the	e same premises now licensed;	
2. the licens	ee has complied with	h all laws of the Com	monwealth relating to taxes; an	d
3. the premi	ses are now open for	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpe	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, signe	d by the building in	spector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	 ain)			
(11 disappioved expir	uiii <i>)</i>			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER: 068000051		CITY OR TOWN	MEDFORE)
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: SHARMA BROTHI	ERS CORP			
DOING BUSINESS A GRAPEVINE TRA	AVELLERS			
ADDRESS 18 HIGH ST				
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: SHARMA, SAMEER TYPE	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEI		IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS			. EVII	
3700 SQ FT OF TOTAL SPACE RETAIL	, STORE 3200 SQ F	T, OFFICE-500 SQ	PT	
I hereby certify and swear under penalties of			1. 1	
 the renewed license will be of the the licensee has complied with a 	* *	•		
3. the premises are now open for b		_	o taxes, and	
SIGNED BY				
Individual, Partner of	or Authorized Corpo	rate Officer		
D 4 777				
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
		(1000. <u>1101</u> mo	iividuai Sociai S	ceurity (vaniser)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)		-		
1 /				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068000052		CITY OR TOW	N MEDFORI)
APPLICATION FOR RENEWAL:	: Annual	LICE	ENSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JENK INC.				
DOING BUSINESS A SEI BAR				
ADDRESS 182 MAIN STREET				
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: LIN, JEN KUEI	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED P			DE . OE	
UNIT #2,3 and 4 OF A MULTI-UNIT RESTAURANT WITH RESTROOM				
LARGE DOUBLE DOORS PROV			JN AREAS. 1	WO
I hereby certify and swear under pe	enalties of perjury that: I be of the same type for the	sama promisas n	ou licenced:	
	ed with all laws of the Comr	-		
•	pen for business (If not explain		g to taxes, and	
5. the premises are now of	——————————————————————————————————————	ani ociow)		
SIGNED BY				
Individual, l	Partner or Authorized Corpo	orate Officer		
DATE: TELE	PHONE NUMBER:		YER IDENTIFICAT	
		(Note: NOT	Individual Social S	Security Number)
We the undersigned, attest that				
Acts of 2004, signed by the build named license and (2) the certific				
of 2010.	cate of inquot natimity insu	rance required t	у спарил 110	of the Acts
Please Check Below:		LOCAL LICE	NSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	68000053		CITY OR I	JWN MEDIOR	(D)
APPLICATION FOR R	ENEWAL:	Annual	I	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: K	KLMEINC.				
DOING BUSINESS A	RASO'S				
ADDRESS 209 MYST	IC AVENUE				
CITY/TOWN: MEDF	ORD	STATE: MA	ZIP COI	DE: 02155	
MANAGER: RASO,	RICHARD TY	PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:		-			
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LIG					
FULL SERVICE NEW	LY MODELED F	RESTAURANT; 12	1 PATRON CA	PACITY.	
					-
I hereby certify and swe	ar under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for the	he same premise	es now licensed;	
2. the licensee	has complied with	h all laws of the Co	mmonwealth rel	ating to taxes; and	
3. the premises	are now open for	r business (If not ex	plain below)		
SIGNED BY					
I	ndividual, Partner	r or Authorized Cor	porate Officer		
DATE:					
DATE:	TELEPHON	NE NUMBER:		LOYER IDENTIFICA OT Individual Social	
				murrium soum	security runneer,
We the undersigned, a					
Acts of 2004, signed b named license and (2)					
of 2010.	the certificate of	i iiquoi nabiiity iii	surance requir	ed by Chapter 11	to of the Acts
Please Check Below:			LOCALLI	CENSING AUTH	IORITY
APPROVED:			By:	1021 (B11 (G 710 11	101411
DISAPPROVED:	I		•		
(If disapproved explain))				
DATE:					
DATE:					



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LICENSE NU	MBEK: 068000054		CHYC	JK TOWN	MEDFORE	,
APPLICATIO	N FOR RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE N	AME: CHILLI GAR	DEN, INC				
DOING BUSI	NESS A CHILLI GA	RDEN				
ADDRESS 41	RIVERSIDE AVE					
CITY/TOWN:	: MEDFORD	STATE: MA	ZIP	CODE:	02155	
MANAGER:	RIVERA, DAVID ERNESTO QUEZADA	TYPE OF LICENSE:R	estaurant	(CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRI	ESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:				
•	y and swear under pen					
		be of the same type for the	-			
	=	with all laws of the Con		_	to taxes; and	
3. the	premises are now ope	n for business (If not exp	lain below	V)		
SIGNED BY	Individual Pa	urtner or Authorized Corp	orate Offi	icer		
	individual, i c	rulei of riduloffized Corp	orate offi			
DATE:	TELED	HONE NUMBER	L	EMPLOVE	ER IDENTIFICAT	ION NUMBER:
	I ELEP.	HONE NUMBER:	(N		ndividual Social S	
		e are in possession (1) t ng inspector and the hea				
named licens		te of liquor liability ins				
of 2010.						
Please Check Bel			LOCA	AL LICEN	ISING AUTHO	ORITY
APPROVED:			By:			
Of disapprove						
(If disapproved	u expiaiii)					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00	58000055		CITY (OR TOWN	MEDFORD)
APPLICATION FOR R	ENEWAL:	Annua	1	LICENS	SED FOR 20	013
		CLAS	S		,	YEAR
LICENSEE NAME: N DOING BUSINESS A	<i>'</i>					
ADDRESS STATION I	LANDING					
CITY/TOWN: MEDFO	ORD	STATE:	MA ZIF	P CODE:	02155	
MANAGER: JANGRO	O, BRUCE TYPE	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAIL ADDR	ESS		•
DESCRIPTION OF LIC	CENSED PREMISE	S:				
APPPROX. 5,712 SQ. F RSTRMS,KITCHEN,PF OUTDOOR PATIO AR	REP AREA & OFFI	CE W/3 CUS	STOMER EX		PLOYEE EX	XIT.AN
I hereby certify and swea	ar under penalties o	f perjury that:				
1. the renewed l	license will be of the	e same type fo	or the same pr	remises now	licensed;	
2. the licensee h	nas complied with a	ll laws of the	Commonweal	th relating to	taxes; and	
3. the premises	are now open for bu	usiness (If not	explain below	w)		
SIGNED BY				~		
Iı	ndividual, Partner or	r Authorized	Corporate Off	icer		
DATE:	TELEDIJONE	NII IMBED.	L	FMPI OYFR	IDENTIFICAT	ION NUMBER:
2112	TELEPHONE	NUMBER:	(N			ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and the	head of the	fire departn	nent for the	above
Please Check Below:			LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [If disapproved explain]						
DATE:						



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LICENSE NUMBER: 068000058		CITY OR TOWN	MEDFORD	,
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: Pizzeria Regina of Mo DOING BUSINESS A Pizzeria Regina	edford Inc			
ADDRESS 44 Station Landing				
CITY/TOWN: MEDFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: sahyonne, douglas TYPE	OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	S:			
1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu	e same type for the I laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner or	· Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indiv		ION NUMBER: ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license 2010.	ector and the head	of the fire departm	ent for the	above
Please Check Below:		LOCAL LICENSI	NG AUTHO	ORITY
APPROVED: DISAPPROVED: CONTRACTOR OF THE PROVED CONTRACTOR OF THE PROVE		By:		
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LICE	INSEES DURING THE MO	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16	A)



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LICENSE NUMBER	R: 068000059		CITY OR TOWN	MEDFORI)
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	A Chipotle Mexic	n Grill of Colorado, Ll can Grill	LC		
ADDRESS 616 Fell	•				
CITY/TOWN: ME	DFORD	STATE: MA	ZIP CODE:	02155	
MANAGER: SAC	NA,JAIME T	YPE OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
mexican restaurant s	erving bottled beer	in the dining room			
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renew	ved license will be	of the same type for the	e same premises nov	v licensed;	
2. the licens	see has complied w	ith all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ises are now open f	for business (If not exp	lain below)		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT ndividual Social S	
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the heat of liquor liability inst	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
APPLICATION FOR RENE	WAL MIIST RE EILED RY	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 © 1	6A)
LICITION TON KENE		. L.CLINDLED DOMINO THE P	OI TO A PHAINDER (150 \$ 1	·· ·/



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LICENSE NUMBER: 068	000060		CIT	TY OR TOW	N MEDFOR	D
APPLICATION FOR REN	NEWAL:	Annua	1	LICI	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: KY	OTO RESTAU	RANT OF ME	DFORD, I	LLC		
DOING BUSINESS A YO	OKI RESTAUR	RANT				
ADDRESS 62 STATION	LANDING					
CITY/TOWN: MEDFOR	RD.	STATE:	MA	ZIP CODE:	02155	
MANAGER: NGUYEN V	HARRY TYP	PE OF LICENS	E:Restaur	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	E ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
3,300 SQ. FT. LOCATED MEDFORDEXPANSIC				ENTIAL AN	D RETAIN CE	ENTER IN
I hereby certify and swear	under penalties	of perjury that	:			
1. the renewed lic	ense will be of	the same type f	or the sam	e premises n	ow licensed;	
2. the licensee has	s complied with	all laws of the	Commony	vealth relatin	g to taxes; and	
3. the premises ar	e now open for	business (If no	t explain b	elow)		
SIGNED BY						
Ind	ividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON!	E NUMBER:			YER IDENTIFICA	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, atta Acts of 2004, signed by t named license and (2) th of 2010.	the building ins	spector and th	e head of	the fire depa	rtment for the	e above
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain)						
			_			
DATE:			_			



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LICENSE NU	MBER: 068000061		CITY OR TOWN MEDFOR	D
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: IA URBAN H	OTELS MEDFORD TRS	, L.L.C.	
DOING BUSI	NESS A MEDFORD	HYATT PLACE		
ADDRESS 11	6 RIVERSIDE AVEN	UE		
CITY/TOWN:	MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER:	WARDWELL, ANDREW R.	TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
		OTEL CONSISTING OF ' H KITCHEN AND STORA	THREE ROOMS FOR DINING AGE AREA	G WITH
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open	n for business (If not expla	in below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:			EMBLOVED IDENTIFICA	TION NUMBER
DATE.	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			· —	,
Acts of 2004,	signed by the buildin	g inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 11	e above
of 2010.	e una (2) the certifica	te of inquot musiney misur	ance required by Chapter 11	o of the field
Please Check Bel	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER	R: 068000062		CITY OR TOWN	MEDFORI)
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 38 River	A	LLC			
CITY/TOWN: ME		STATE: MA	ZIP CODE:	02155	
		PE OF LICENSE: R		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
2. the licens		h all laws of the Cor	ne same premises now mmonwealth relating t plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:			CION NUMBER:
Acts of 2004, signed	d by the building in	spector and the he	the certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMBER (A	M.G.L. Ch. 138 \$ 16	6A)



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LICENSE NU	MBER: 068000065		CITY OR TOWN MEDFOR	KD.
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: P & D GROUP IN	IC.		
DOING BUSI	NESS A TOM YUM KO	ONG		
ADDRESS 11	FOREST STREET			
CITY/TOWN:	: MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER:	SONGTACHALERTTY , THREERACHT	PE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	SES:		
A THAI REST	TAURANT LOCATED AT	Γ 11 FOREST STRE	ET, MEDFORD , MA.	
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	e same premises now licensed;	
2. the	licensee has complied with	n all laws of the Com	monwealth relating to taxes; and	l
3. the	premises are now open for	business (If not expl	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building in	spector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
			-	
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUM	BER: 068000067		CITY OR TOWN MEDFOR	D
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
DOING BUSINE	ME: PREETI,INC.	PRNER		
	A MYSTIC VALL		510 GODE 00455	
CITY/TOWN: 1	MEDFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: K	KUMUR,ANIL	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:			
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PR		WEEGO DE A DE ENED A NOTE EO	
PARKING LOT.		RONT ENTRANCE ROU	JTE38,REAR ENTRANCE TO	
I hereby certify a	nd swear under pen	alties of perjury that:		
1. the re	newed license will b	be of the same type for the	same premises now licensed;	
2. the lic	censee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the pr	emises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEP:	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
			(2.1010) 2.102 maryidda bociai	security (varioer)
Acts of 2004, sig	gned by the building	ng inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below	<u>:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	00800000		CITY OR TOWN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MARGARITAS RES	TAURANT GROU	UP-MEDFORD O	MC/
DOING BUSINESS A	A TIO JUANS MARC	GARITAS		
ADDRESS 75 STATI	ON LANDING			
CITY/TOWN: MEDI	FORD	STATE: MA	ZIP CODE:	02155
	TYPE AEL L.	OF LICENSE: Rest	aurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	LEASE ALSO VISIT OUR WEBS		AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISE	S:		
NO DISCRIPTION I hereby certify and sw	waar undar panalties of	f pariury that		
• •	d license will be of the		ame premises now	licensed:
	e has complied with al	• •	•	
3. the premise	es are now open for bu	isiness (If not explai	n below)	
SIGNED BY	Individual, Partner or	· · · · · ·		
SIGNED BY		· · · · · ·		
SIGNED BY		· Authorized Corpor	ate Officer EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE: We the undersigned, Acts of 2004, signed	Individual, Partner or TELEPHONE , attest that we are in by the building inspe	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Inc	lividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below:	Individual, Partner or TELEPHONE , attest that we are in by the building inspe	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Inc. certificate required the fire departs ance required by	ed by Chapter 304 of the ment for the above
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED:	Individual, Partner or TELEPHONE , attest that we are in by the building inspe	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Inc. certificate required the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE of attest that we are in by the building inspection of the certificate of lies.	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Incocertificate required the fire department ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED:	TELEPHONE of attest that we are in by the building inspection of the certificate of lies.	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Incocertificate required the fire department ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE of attest that we are in by the building inspection of the certificate of lies.	Authorized Corpor NUMBER: a possession (1) the ector and the head	EMPLOYER (Note: NOT Incocertificate required the fire department ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	BER: 068000069		CITY OR TOWN MED	FORD
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAM	ME: 55 HIGH STR	REET LLC		
DOING BUSINE	ESS A SALVATOR	RES		
ADDRESS 55 H	IGH STREET			
CITY/TOWN:	MEDFORD	STATE: MA	ZIP CODE: 0215	55
MANAGER: I	LUPOLI, SALVATORE	TYPE OF LICENSE: R	Restaurant CATEGO	ORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
RESTAURANT	WITH 187 SEATS			
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	newed license will b	be of the same type for the	ne same premises now license	ed;
2. the lie	censee has complied	with all laws of the Cor	mmonwealth relating to taxes	; and
3. the pr	remises are now ope	n for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Acts of 2004, sig	gned by the buildin	ng inspector and the he	the certificate required by Cad of the fire department for surance required by Chapt	or the above
Please Check Below	<u>:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	apiani)			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED) BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUI	MBEK: 008000070		CITY OR TOWN ME	DFUKD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: NEW FENG S NESS A	SHUI,INC.		
ADDRESS 38	SALEM STREET			
CITY/TOWN:	MEDFORD	STATE: MA	ZIP CODE: 021	155
MANAGER:	XIE,MEIYAN ANITA	TYPE OF LICENSE: Re	estaurant CATEC	GORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
		OF APPROX. 2,500 SQ. ICY/EXIT LOCATED O	FT.;BASEMENT FOR S'N SALEM ST.	ΓORAGE.
I hereby certify	and swear under pena	alties of perjury that:		
		• •	e same premises now licen	
	•		monwealth relating to taxe	s; and
3. the 1	premises are now oper	n for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
			(Note: NOT Individua	l Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	ne certificate required by d of the fire department urance required by Chap	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		<u> </u>	
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. C	h. 138 \$ 16A)



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LICENSE NUMBER	R: 068000071		CITY OR TOWN MEDFO	ORD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	ZRC OPERATION	NS COMPANY, INC		
DOING BUSINESS	A QDOBA MEXIC	CAN GRILL		
ADDRESS 523 FEL	LS PARKWAY			
CITY/TOWN: ME	DFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: DIA	Z,FRANCISCO TY	PE OF LICENSE: Re	staurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
A QUICK STYLE R	RESTAURANT CON	SISTING OF 2,310	SQ. FT.	
I hereby certify and	swear under penalties	s of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	ee has complied with	all laws of the Com	nonwealth relating to taxes; as	nd
3. the premi	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	
Acts of 2004, signe	d by the building in	spector and the head	e certificate required by Charlet of the fire department for a cance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ГНОRITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0680	000073	CITY OR TOWN	MEDFORD	
APPLICATION FOR REN	EWAL: Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: 21 M	IAIN STREET RESTAURANT (GROUP LLC		
DOING BUSINESS A CA	RROLL'S			
ADDRESS 21 MAIN STRI	EET			
CITY/TOWN: MEDFORI	D STATE: MA	ZIP CODE:	02155	
MANAGER: CARROLL MAURICE		estaurant Ca	ATEGORY: All Alcoh	ol
EMAIL ADDRESS:				
	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICEN	ISED PREMISES:			
I hereby certify and swear u	under penalties of perjury that:			
	ense will be of the same type for the	-		
2. the licensee has	complied with all laws of the Con	nmonwealth relating to	taxes; and	
3. the premises are	now open for business (If not exp	olain below)		
SIGNED BY	vidual, Partner or Authorized Cor	orate Officer		
	vidual, Farmer of Admorized Cor	borate Officer		
mar				
mar				
DATE:		EMPLOYER	IDENTIFICATION NUMBE	ır.
	TELEPHONE NUMBER:		IDENTIFICATION NUMBE	
DATE:	TELEPHONE NUMBER:	(Note: NOT Ind	ividual Social Security Numb	er)
DATE: We the undersigned, atter	TELEPHONE NUMBER: st that we are in possession (1) t	(Note: <u>NOT</u> Ind	ividual Social Security Numbed by Chapter 304 of the	er)
DATE: We the undersigned, atterdacts of 2004, signed by the named license and (2) the	TELEPHONE NUMBER:	(Note: <u>NOT</u> Ind he certificate require ad of the fire departi	ividual Social Security Numbed by Chapter 304 of the above	er) ne
DATE: We the undersigned, atterdacts of 2004, signed by the	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departi	ividual Social Security Numbed by Chapter 304 of the above	er) ne
DATE: We the undersigned, atterded Acts of 2004, signed by the named license and (2) the of 2010. Please Check Below:	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departs surance required by	ividual Social Security Numbed by Chapter 304 of the above	er) ne
DATE: We the undersigned, atterdacts of 2004, signed by the named license and (2) the of 2010. Please Check Below: APPROVED:	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departs surance required by	ed by Chapter 304 of the country Numbers of the country of the country of the country of the Act of	er) ne
DATE: We the undersigned, atterdacts of 2004, signed by the named license and (2) the of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the country Numbers of the country of the country of the country of the Act of	er) ne
DATE: We the undersigned, atterdacts of 2004, signed by the named license and (2) the of 2010. Please Check Below: APPROVED:	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the country Numbers of the country of the country of the country of the Act of	er) ne
DATE: We the undersigned, atterdacts of 2004, signed by the named license and (2) the of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUMBER: st that we are in possession (1) the building inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the country Numbers of the country of the country of the country of the Act of	er) ne

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUN	MBER: 068000074		CITY OR TOWN MEDFOR	RD
APPLICATION	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: TENOCH M	IEXICAN FOOD CORPOR	ATION	
DOING BUSIN	NESS A TENOCH			
ADDRESS 24	RIVERSIDE AVE			
CITY/TOWN:	MEDFORD	STATE: MA	ZIP CODE: 02155	
	SANDOVAL, ALVARO	TYPE OF LICENSE: Res	staurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	ESS:			
		T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
-	N OF LICENSED P			
· · · · · · · · · · · · · · · · · · ·	KITCHEN APPRO ICE IN FRONT	X 24 SEATS AND 6 TABL	ES. RESTROOMS IN REAR (ONE EXIT
I hereby certify	and swear under pe	enalties of perjury that:		
1. the r	enewed license will	be of the same type for the	same premises now licensed;	
2. the l	icensee has complie	ed with all laws of the Comr	nonwealth relating to taxes; and	1
3. the p	premises are now op	en for business (If not expla	ain below)	
-				
SIGNED BY				
	Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, s	signed by the build	ing inspector and the head	e certificate required by Chap d of the fire department for the rance required by Chapter 1	ne above
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	Capiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 068000075		CITY OR T	OWN	MEDFORE)
APPLICATION FO	R RENEWAL:	Annual	1	LICENS	SED FOR 20	013
		CLASS				YEAR
DOING BUSINESS	: ANTHONY BARON S A CAFFE DEL MARI DDLESEX AVENUE					
CITY/TOWN: ME		STATE: M	A ZIP CO	DF.	02155	
MANAGER: BAF		OF LICENSE:			ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	R EMAIL ADDRESS			
THE PREMISES H	LICENSED PREMISE IAS FRONT AND SIDI ON STREET LEVEL		WITH 37 SEA	TS AN	D SERVICE	
2. the licens	wed license will be of the see has complied with al ises are now open for bu	ll laws of the Co	mmonwealth rel			
5101,25 51	Individual, Partner or	r Authorized Co	rporate Officer			
DATE:	TELEPHONE	NUMBER:	EMI	PLOYER	IDENTIFICAT	ION NUMBER:
			(Note: <u>N</u>	NOT Indi	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the h	ead of the fire d	lepartn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL L By:	ICENS.	ING AUTHO	ORITY
DATE:						

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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LICENSE NUMBE	R: 068000076		CITY OR TOWN MEDFOR	D
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	: EMILIANO'Z MEZ	XICAN GRILL INC.		
DOING BUSINESS	S A EMILIANO'Z MI	EXICAN GRILL		
ADDRESS 123-125	BOSTON AVENUE			
CITY/TOWN: ME	DFORD	STATE: MA	ZIP CODE: 02155	
MANAGER: CRU	JZ, ABRAHAM TYF	PE OF LICENSE: Re	staurant CATEGORY	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
	ING AREA AND 300 ASEMENT OF 500 SC		REAREAR EXIT AND TWO	O FRONT
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relating to taxes; and	
3. the prem	ises are now open for	business (If not expl	ain below)	
SIGNED BY	T 11 1 1 D .	A 41 : 10	0.00	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TEL EDUON	E MA (DED	EMPLOYER IDENTIFICA	TION NIIMBED.
DITIE.	TELEPHON	E NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signe	ed by the building ins	spector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
of 2010.				
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved expl	lain)			
(== disapproved enpi	/			
DATE:				